Section 5

OVERALL ORAL HEALTH

5.1 Perceived oral health status

The relationship between individuals' perceived oral health status and clinical oral health measures is not always straightforward. Some studies have shown correlations between self-assessed oral health and clinical indicators such as periodontal disease (e.g., Drake et al., 1990), while others have shown little or no relationship (e.g., Rosenoer & Sheiham, 1995). One explanation for these inconsistencies may be that some individuals have low expectations about what constitutes good oral health and report satisfaction with oral health that falls below clinical standards (Reisine & Bailit, 1980).

Predictors of positive perceived oral health have included ethnic group, education, perceived general health status, having no oral pain, fewer oral symptoms, and having one or more dental visits (Atchison & Gift, 1997). Unfortunately, as Gift, Atchison, and Drury (1998) have pointed out, for individuals with poor self-perceptions of their oral health, lack of dental care may spark a "downward spiral," eventually leading to clinically poor oral health.

Perceived oral health status can potentially be an important outcome measure. As Kressin (1996) points out, measuring perceived oral health status can aid provider-patient communication and can also be used to gauge treatment efficacy. Also, due to its relationship with dental utilization, better understanding of self-assessed oral health status may be used to increase service utilization and improve the nation's oral health.

SOURCE OF DATA

Analyses reported here are based on data from the Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention. The analyses were performed for the question "How would you describe the condition of your natural teeth?" asked of adults (aged 18 years or older) where the response options were excellent, very good, good, fair, or poor. All analyses compared persons with responses of excellent, very good, or good (good or better) with persons with responses of fair or poor self-assessed oral health.

- **Demographic differences (Figure 5.1.1)**

  A higher self-assessment was observed:

  - with decreasing age among adults
  - among non-Hispanic whites followed by non-Hispanic blacks, with Mexican Americans having the lowest self-assessment
  - among those living at or above the federal poverty level compared to those living below the federal poverty level
  - with increasing levels of education

- **Differences by smoking status (Figure 5.1.2)**

  - Current smokers had a significantly lower self-assessed oral health status than either never or former smokers.

- **Differences by dental visit within the past year (Figure 5.1.2)**

  - A significantly higher percentage of those who visited a dentist in the past year reported good or better oral health status compared to those who had not visited a dentist in the past year.

Bullets reference data that can be found in Table 5.1.1.

REFERENCES

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Drake CW, Beck JD, Strauss RP. The accuracy of oral self-perceptions in a dentate older population. Spec Care Dent 1990;10:16-20.

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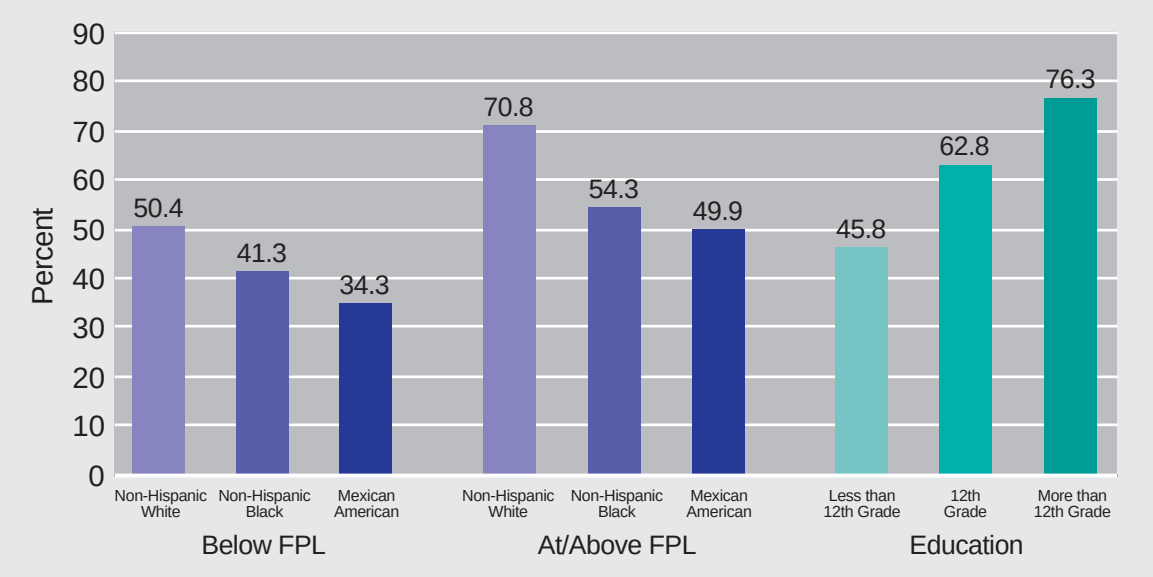
Reisine ST, Bailit HL. Clinical oral health status and adult perceptions of oral health. Soc Sci Med 1980;14(A):597-605.

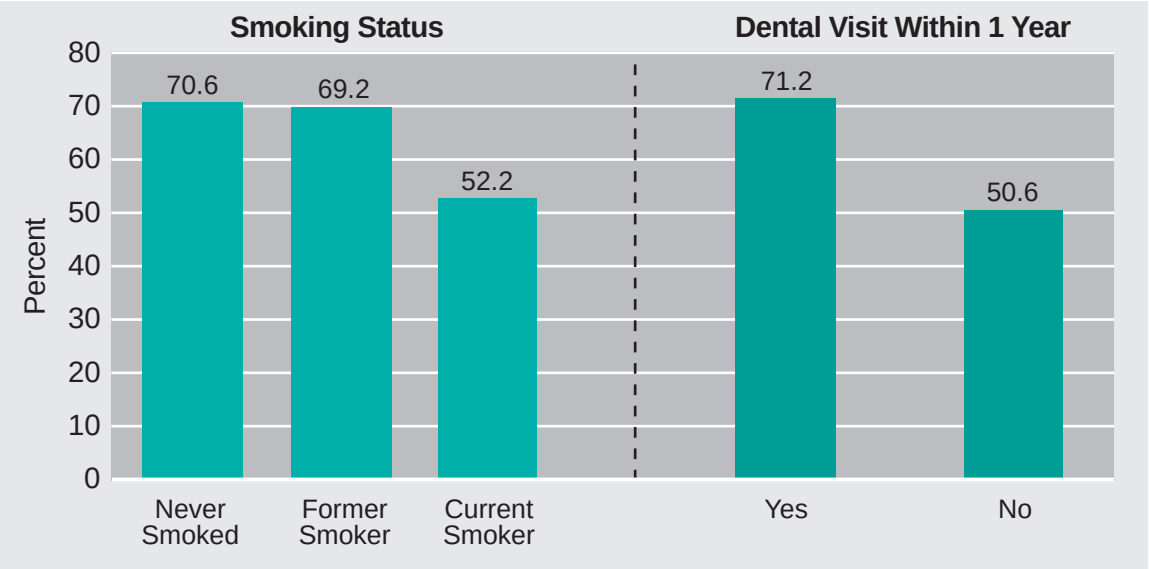
Rosenoer LM, Sheiham A. Dental impacts on daily life and satisfaction with teeth in relation to dental status in adults. J Oral Rehabil 1995;22:469-80.

Figure 5.1.1. Percentage of adults aged 18 and older with a self-assessed oral health status of good or better by race/ethnicity, federal poverty level (FPL), and education



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.

Figure 5.1.2. Percentage of adults aged 18 and older with a self-assessed oral health status of good or better by smoking status and dental visits



Data source: The Third National Health and Nutrition Examination Survey (NHANES III) 1988-1994, National Center for Health Statistics, Centers for Disease Control and Prevention.